

# Enrolment Form

To register for the course please forward your completed registration form to : [rtomanager@drasafety.com.au](mailto:rtomanager@drasafety.com.au). For assistance please call our office on (07) 5573 6199

TODAYS DATE

  /   /  

## PERSONAL INFORMATION

|                         |   |                                 |  |
|-------------------------|---|---------------------------------|--|
| Full Name :             | <input type="text"/>  |                                 |  |
| Company:                | <input type="text"/>  | ABN:                            | <input type="text"/>                       |
| Date of Birth :         | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | Nationality :                   | <input type="text"/>                       |
| Email :                 | <input type="text"/>  | USI:                            | <input type="text"/>                       |
| Gender :                | <input type="checkbox"/> Male   | <input type="checkbox"/> Female | <input type="checkbox"/> Prefer not to say |
| Postal Address:         | <input type="text"/>  |                                 |  |
| Suburb:                 | <input type="text"/>  | Post Code :                     | <input type="text"/>                       |
| Mobile Phone:           | <input type="text"/>  | Work Phone:                     | <input type="text"/>                       |
| Emergency Contact Name: | <input type="text"/>  | Emergency Contact Number:       | <input type="text"/>                       |

## AUTHORISATION

|                |                      |                   |                      |
|----------------|----------------------|-------------------|----------------------|
| Company Name:  | <input type="text"/> |                   |                      |
| Address:       | <input type="text"/> | Purchase order:   | <input type="text"/> |
| Telephone:     | <input type="text"/> | Authorisers Name: | <input type="text"/> |
| Email address: | <input type="text"/> |                   |                      |

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Authorisers Signature

## COURSE SELECTION

|              |                      |
|--------------|----------------------|
| Course:      | <input type="text"/> |
| Course Date: | <input type="text"/> |

Fill in all sections clearly and carefully writing in block letters. Information requested on this form is for national database and tracking purposes and assists in the ongoing qualification issuance as required. All data is confidential and is not forwarded to any other party with the sole exception of the national statistical database to inform future federal funding in Vocational Training

## LANGUAGE AND CULTURAL DIVERSITY

Are you of Aboriginal or Torres Strait Islander origin:  
(For persons of both Aboriginal and Torres Strait Island Origin mark both yes)

No  
 Yes, Aboriginal  
 Yes, Torres Strait Islander

Were you born in Australia?  
if not specify:

Yes  
 No \_\_\_\_\_

Do you speak another language other than English at home?  
If so please specify

No  
 Yes \_\_\_\_\_

Do you require assistance with reading or writing English?

No  Yes

Will you require extra learning assistance?

No  Yes

## DISABILITY

Do you consider that you have a disability, impairments, or long-term condition. Please tick ALL applicable boxes

|   |  |
|---|--|
| <input type="checkbox"/> No                 | <input type="checkbox"/> Learning                  |
| <input type="checkbox"/> Hearing / Deafness | <input type="checkbox"/> Mental Illness            |
| <input type="checkbox"/> Vision             | <input type="checkbox"/> Physical                  |
| <input type="checkbox"/> Intellectual       | <input type="checkbox"/> Acquired Brain Impairment |
|   | <input type="checkbox"/> Other (please list)       |

Do you have any dietary requirements? Please tick ALL applicable boxes

Allergy Guidelines

It is the responsibility of the course participant to inform DRA Safety Specialists of their allergy needs prior to the training course and to follow up by always alerting the trainer about allergies upon arriving at the training course. DRA will endeavour to meet the needs of all training participants however can not held responsible for allergic reactions. Please ensure all participants have relevant medications on them during all training sessions.

|   |  |  |
|---|--|--|
| <input type="checkbox"/> No                 | <input type="checkbox"/> Diabetic          | <input type="checkbox"/> Anaphylactic Reaction |
| <input type="checkbox"/> Vegetarian         | <input type="checkbox"/> Vegan             |  |
| <input type="checkbox"/> Lactose Intolerant | <input type="checkbox"/> Gluten Intolerant |  |

## SCHOOLING

Are you still attending secondary school?

 No Yes

What is your highest completed school level?

In which year did you complete that school level?

## PREVIOUSLY ACHIEVED QUALIFICATIONS

Have you successfully completed any of the following qualifications?

 No Yes

Bachelor Degree or Higher Degree

Advanced Diploma or Associate Degree

Diploma (Associate Diploma)

Certificate IV (or Advanced Certificate / Technician)

Certificate III (or Trade Certificate)

Certificate II

Certificate I

Certificates other than the above

## EMPLOYMENT

Full-Time

Employed - unpaid family business worker

Part-Time

Unemployed - seeking full time work

Self-Employed

Unemployed - seeking part-time work

Employer

Not employed - not seeking employment

## STUDY REASON

Of the following categories, which best describes your main reason for undertaking this course? Tick one only

To get a job

To get a better job/ promotion

Self Interest / Self Development

To start own business

I wanted extra skills

It was a requirement of my job

# UNIQUE STUDENT IDENTIFIER (USI)

From 1st January 2021, under Australian Government legislation every person who is enrolled with a registered training organisation (RTO) such as DRA Safety, must have a UNIQUE STUDENT IDENTIFIER (USI) before any statements of attainment or certificate can be issued by the RTO.

**Unique Student Identifier (USI) number:**

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please note: if you are having trouble locating your USI you can contact DRA Safety for assistance

## Cancellation Guidelines

### FEES & CHARGES

All clients of DRA Safety Specialists pay an agreed fee prior to the commencement of the program which they are undertaking. Please note – Payment can be made by EFT, Cheque or Cash. Credit Card facilities are available with a surcharge.

### REFUND POLICY

Courses may be cancelled up to ten working days prior to commencement of course, either transferring to another date or receiving a full refund. Registration cancelled less than ten working days but before 3 days prior to commencement of a course will incur a 25 % cancellation / transfer fee.

If no cancellation/transfer notice is received, or cancellation/transfer is made with less than 3 days' notice, no refund will be issued.

Fees may be refunded at the discretion of DRA Safety Specialists management under some circumstances.

You may substitute another Participant at any time prior to course commencement date should the nominated person be unable to attend. Notification to [rtomanager@drasafety.com.au](mailto:rtomanager@drasafety.com.au) in such changes is imperative.

DRA Safety Specialists reserves the right to cancel or postpone a course to an alternative date. All registered Participants affected by such changes will receive a full refund or be offered the opportunity to transfer to the next available course program date.

No refunds will be made after the commencement of the course unless the Participant can provide a medical certificate or show extreme personal hardship. In this case, fees may be refunded on a pro-rata basis at the discretion of DRA Safety Specialists management.

### GUARANTEE

DRA Safety Specialists offers a money back guarantee to any participant who is not satisfied with the standard of our training program. This applies at any time during a course and only requires that the complaint be made in writing to ensure that we will investigate the complaint before issuing a refund.

I confirm the accuracy of this information and agree to the terms regarding payment and cancellation of my enrolment.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_